Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY		OTHER	
			R FILED	(Column 2) NUMBER EXTRA		TYPE		OR	SMALL	
ron		NOIVIDE	.n i illo	NOWBEREXTRA		RATE	FEE		RATE	FEE
BASIC FEE			· .				345.00	OR		690.00
TOTAL CLAIMS 52 minus 20= * 32					X\$ 9=		OR	X\$18=	574	
INC	INDEPENDENT CLAIMS 3 minus 3 = *							OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1266
CLAIMS AS AMENDED - PART II								4	OTHER	
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME		*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF MI	JLTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		ı	ADDII. FEE	
~	S 4 3 3 3 3 3 3 3 3 3 3	CLAIMS	Etw 150	HIGHEST			ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	į
	Independent	*	Minus,	***	=	X39=		OR	X78=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							On		
						+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN!T		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
*		_ . _	II TIDI E OFF	DENIDENT OF AIM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					
-	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM						
	<u> </u>					+130=		OR	+260=	
**	If the entry in colum	nn 1 is less than t nber Previously P	ne entry in colu aid For" IN THIS	mn 2, write "0" in co S SPACE is less tha	olumn 3. an 20, enter "20."	TOTAL		OB	TOTAL	
**	If the entry in colun If the "Highest Nun "If the "Highest Nur	nn 1 is less than t nber Previously P nber Previously P	ne entry in colu aid For" IN THIS aid For" IN THI	mn 2, write "0" in co	olumn 3. an 20, enter "20." an 3, enter "3."	TOTAL ADDIT. FEE	propriate box	OR	TOTAL ADDIT. FEE	

It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 6/14/1841

Total Fee Calculation

	Fee Cade	Total # Claims	Number Extra	χ	Fee	Fee	= Total
	Sa/L;.				Sa. Eatiny	Lg. Eatity	
Basic Filing Fee	201/101	~ ~				695	-
Total Claims >20	203/103	57 -20-	32	χ		576	-
Ladepeadeat Claims >3	202/102	3 .; -		X		<u>:</u>	•
Multi Dep Claim Present	204/104					130	-
Surtharge	205/105	•					·
Eaglish Translation	139						
TOTAL FEE CALCUL	NOTA						1364
Fees due upon filing t	be application:					÷ •	
Total Filing Fees Due	= S	134	4	-	• ·	VGOO	٠.
Less Filing Fees Subm	પ્રાંતર d - S			: ,			÷ .
BALANCE DUE	= 2	1350		_	· :	AILAB	:
Office of Initial Patent	Examination					BEST AVAILABLE	
FORM OFF PANCE		Fig	gurë 7		_ ·	留	